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The Self-Identified Skills and Competencies

of First-Line Nurse Managers

A PLAN B PROJECT

SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL

OF THE UNIVERSITY OF MINNESOTA

BY

Candy Jean Nistler

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF SCIENCE

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ABSTRACT

The purpose of this study was to identify the self-perceived skills and competencies of selected newly appointed middle managers. The target population was the first time, first-line, nurse manager in the 0-3 year range. The study was conducted in one urban hospital. This was an explorative, descriptive study utilizing a questionnaire instrument. This questionnaire identifies the skills and competencies the new manager feels they can complete independently and the areas in which they feel the need for additional assistance. The results indicated that there are some definite areas where the first time, first-line, manager could benefit from more specific educational preparation. These areas included problem identification, planning and evaluating the care provided; the development of retention strategies and formal orientation programs; and budgeting, specifically, controlling expenses, staffing/scheduling and coordinating/directing.

ACKNOWLEDGMENTS

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Chapter: I. Introduction

Having had experience as a middle manager for several years the writer identified both for self and peers a difficult transition period from staff nurse to first-line manager. It was generally felt there was little preparation and/or assistance with knowing what the actual responsibilities were, and what and how much authority one had to accomplish the job. There was very little mentoring, which has been known to facilitate the transition into a management position (Boyle & James, 1990; Cooper, 1983). The expectation was very clear that most of the time, due to the shortages and financial constraints of the institution, one also had to function in the dual role of staff nurse as well as manager. According to Zander (1983), nurse managers typically were promoted to their management positions because of proven technical and interpersonal skills (aspects that should take more precedence than seniority). They feel comfortable managing themselves, their patient assignments and their shift. However, they have no preparation for managing a staff group, day after day, and being accountable for the 24-hour practice and development of that group.

Another misconception encountered involved academic preparation. If one had a Bachelor or a Masters' Degree in Nursing, preparation for first-line management was assumed. Leadership and management course work included in

the baccalaureate nursing curriculum is not planned to
prepare graduates for unit level nursing management and
few health care agencies provide first-line nurse managers
with theoretical preparation for management (Gillies and
Child. 1990). If this is indeed a true situation for first
time nurse managers, then it might be possible to show the
need for specific preparation of these individuals to
facilitate the transition period into management.
According to Darling and McGrath (1983), consultants in
leadership, organizational development and human
relations, citing Frohman (1973) in a typical
organization, it takes three years for professional
employees to perform at 75 percent of their capacity. Such
a learning curve is repeated every time a job, assignment
or supervisor is changed. There are two sets of reasons
for this occurrence: factors associated with the work
itself and those revolving around how a person is brought
into a new position and managed. It is believed if first
time managers had appropriate preparation to assume new
duties, they will be more quickly able to be fully
functioning in their new roles.

Chapter: II. Resume of Present Knowledge

LITERATURE REVIEW:

There is abundant literature regarding the
expectations of supervisors as to what they feel are the
required skills and competencies of first-line and middle

managers. Johnston (1983) found in a study of one
institution when upgrading the status of the head nurse
that three critical attributes are necessary in that role:
clinical credibility, self esteem and self confidence.
Clinical credibility is the basis upon which authority and
respect are built. Self esteem is a measure of one s
attitude about one's self image. Self confidence is the
attribute that allows one to take risks, to confront
others and to communicate effectively.

However, there has not been very much reported as to
what the new managers themselves perceive as necessary to
perform in their newly acquired roles. According to Barker
and Ganti (1980), "the position of (head nurse) is one who
is expected to be all things to all people" sets the tone
for the almost unachievable demands placed on first time
managers. How can an individual be prepared for a task of
this magnitude? Warihay (1986), President of Take Charge
Consultants, states

> "First-time managers seldom receive the
>
> training and information they need to deal
>
> with functions for which they are held
>
> accountable."

According to Beaman (1986), the American Nurses'
Association (ANA) 1973 Standards of Practice for Nursing
Services, the primary responsibility of the head nurse was
the direction of staff members in the delivery of nursing
care. The role was further defined as assuring the
availability of support services; acting as a resource to
the staff; interpreting philosophy, goals, standards,

policies, and procedures; participating in policy
formation; and being responsible for delivery of
therapeutic and cost-effective patient care.

The ANA (1978) further clarified the nurse manager
role to

> "coordinate available resources to efficiently
> and effectively provide professional nursing
> care of a quality consistent with nursing
> standards and at a cost compatible with the
> fiscal and other resources of the health care
> organization".

They state that graduate preparation is essential for
nurses who plan to become administrators. The reality is
first time managers may well have recently graduated from
an associate or baccalaureate nurse program. These nurses
are still trying to figure out what being a nurse is all
about, let alone how to manage the intricacies of an
entire unit. According to the Position Statement, American
Association of Critical-Care Nurses (1986), the manager of
a critical care area requires a baccalaureate degree,
clinical experience in the area of administrative
responsibility, competence in the application of
management principals, to formally participate in
institutional planning and decision making in areas that
impact the scope of practice and the environment in the
critical care environment.

The American Organization of Nurse Executives (AONE)
were surveyed to explore the patterns of use of the head
nurse in United States hospitals. They found the titles of

these nurses varied; nearly half of the agencies called
them head nurses, but a fourth called them unit managers,
followed by clinical coordinator or clinical director. The
head nurse position was ranked as the most important by
over half of the respondents and they perceived the role
of the head nurse as critical in achieving the
organizational goals (Hodges, Knapp and Cooper, 1987).

Rice (1988) a head nurse, exemplifies the feelings of
many new managers.

>"Frequently, during my year as a head nurse,
>I felt unsure of what to do with my time when
>I did not assign myself to patient care. I
>had not clearly defined my role and it was
>very easy to fall back into the staff nurse role.
>I felt comfortable, confident, and a sense of
>reward there. The management role was new and
>unfamiliar, difficult to determine the type of
>relationship to develop with your staff. Being a
>manager was lonely."

No one wants to experience these very uncomfortable
feelings, but if these new managers are better prepared,
know what to expect, have a good mentor and an on-going
training program for new managers, they could be much more
functional at an earlier stage in the transition process.

O'Neil & Gajdostik (1989) undertook a study to assess
the tasks essential to the head nurse's managerial role.
The participants were head nurses and nursing supervisors.
They found there were seven categories of tasks viewed as
essential for nurse managers. These tasks were: planning,

organizing, staffing, leading, communication skills,
decision making and controlling.

Identification of these essential tasks will assist
head nurses to understand their own managerial roles more
thoroughly, and nursing administrators to clarify
managerial roles within nursing service departments.

In a federally funded study in the late 1980's, to
improve management education for first level nurse
managers, Gillies and Child (1990) found that to manage
others in providing high quality patient care, the first
level nurse manager must be able to perform the following
tasks competently and efficiently:

assess the work to be done,

diagnose needs of patients and staff,

plan work procedures and policies,

staff the unit with appropriate numbers and types of

workers,

organize employees and supplies for maximum

productivity,

lead employees toward desired goals,

evaluate personnel performance and quality of care, and

control operations to ensure maximum effectiveness.

The first-line nurse manager is responsible not only for
the traditional functions of personnel orientation and
supervision, but also for strategic planning, budgeting,
hiring and firing, labor relations and quality control.

In a study undertaken by Adams (1991) a needs
assessment of the head nurses and supervisors revealed the
perceived survival skills for todays' middle manager.

These were rank ordered according to their perceived importance: organizational systems, decreasing absenteeism and turnover, dealing with administration, recruiting and interviewing, budget preparation and performance appraisals.

Ibarra (1989) surveyed head nurses and found they perceived three major areas of responsibility: patient care management, operational management and human resources management. Patient care management includes problem identification, planning of care, providing of care and evaluation of results. Operational management includes budget, controlling expenses, providing supplies, communication, coordination and evaluation of performance. Human resource management encompasses teaching and training, and maintaining desired behaviors. Head nurses must have the necessary management knowledge and skills to perform these responsibilities.

In order for managers to be effective and to succeed, del Bueno (1977, 1989), nationally recognized for work in competency based education attempted to clarify what is expected of managers, which was cited by Keller and Bowen, (1984). According to del Bueno,

> "Effective managers provide and promote an environment in which professional and nonprofessional staff develop and use their clinical skills to provide quality care. Thus staff become the clinical experts and are empowered by their manager so they do not have to depend on the "boss" to make

decisions or issue directives. The effective
manager, like an effective parent, encourages
independence, thoughtful risk taking, confidence
and pride in personal expertise."

Chapter: III. General Aims of the Study

PROBLEM STATEMENT:

What are self-defined skills and competencies identified
by newly appointed middle managers which can be carried
out independently and those which require assistance
during the transition period?

PURPOSE:

To identify the self-perceived professional skills and
competencies of newly appointed middle managers.

ASSUMPTIONS:

* The newly appointed middle manager will be able to
identify skills and competencies which they can handle
independently.

* The newly appointed middle manager will be able to
identify skills and competencies with which they require
assistance or instruction.

DEFINITIONS OF TERMS:

* **middle managers:** individuals with the primary responsibility for the direction of staff members in the delivery of nursing care. This encompasses the direct managers of unit operations; responsible for the day to day operations (ANA, 1978).

* **competency:** an ability to perform at least adequately in a defined situation (Goodrich, 1982).

* **skill:** the ability to use knowledge in performance; if one is able to perform then there is an underlying belief that knowledge is present (Sheridan, et al., 1984).

* **transition period:** a first-time manager in the range of 0-3 years (Darling and McGrath, 1983).

TYPE OF STUDY:

This is a descriptive study utilizing the survey technique with a questionnaire instrument.

CONCEPTUAL FRAMEWORK:

Gleason, Nestor and Riddell (1983) developed a model utilized by Nicholls (Study in progress, 1991) that illustrates a management progression for nursing. This model conceptualizes how a technically trained person

moves through increasing levels of responsibility and the changes that occurs as this happens (See Appendix A).

The initial levels focus on the ability to handle the technical aspects of the position. This is followed by the approach to the threshold of management where the ability to conceptualize, lead people and manage human resources is a required skill. This is the level of the first-line manager. This individual must be able to think and act in terms of the total system of operation. This includes defining and assigning priorities, planning and organizing, programming and coordinating the operating tasks of a department so that the objectives of both the department and the company as a whole are achieved. They must also excel in interpersonal skills.

As the nurse moves up the ladder, there is less emphasis on technical skills and more emphasis on human resource management skills and conceptual ability. The transition and adjustment to management can be eased by the way in which the nurse has been prepared to assume the managerial responsibility.

This is further supported by Katz's (1974) view of effective administration as dependent on three basic skills: technical, human and conceptual. According to Katz, the framework emphasizes the development of these skills in training management personnel about their level of responsibility in the organization.

Technical skills include the methods, processes, procedures or techniques. Human skills include the ability to work effectively in, as well as lead, a group.

Conceptual skills include being able to see the organization as a whole, recognize the interrelationships of functions, and the organizations relationship to the industry, community and nation. This work provided the basis for the development of the Management Development Model (Dunne, Ehrlich, and Mitchell, 1988). This represents the dynamic interplay between individual professional growth and management practice.

LIMITATIONS:

* One urban hospital was utilized, so generalizations to other hospitals will be limited.

* This is a convenience sample, so the results will not be generalizable to the population as a whole.

Chapter: IV. Methods

METHODOLOGY:

The literature review supports the problem and demonstrates content validity. The sample will be all first-time nurse managers at the 0-3 year level in one urban hospital. This is a nonprobability, convenience sample with an n=7.

The survey instrument is the Head Nurses as Manager Questionnaire developed by Ibarra (1989, Appendix B), proposed and used by Ebeling and Nicholls (1990). Ibarra'a

tool is an extensive tool with 125 items grouped into three categories: Operational Management, Human Resource Development and Patient Care Management. Ibarra (1987) initially established the content validity of the original tool through use of three different competency lists obtained from the nursing literature as the source of items. The tool was then examined and modified by a panel of three doctorally prepared nursing administration educators adding to the content validity. Face validity was established by administering the tool to 10 head nurses at a Midwestern hospital.

Nicholls and Ebeling (1990) are currently conducting a study of nurse managers in the State of Minnesota to guide continuing education activities and state, regional, and national convention offerings for nurse managers. They are utilizing Ibarra's (1987) questionnaire and have added another section with 11 items to assess learning needs related to improving the quality of patient care.

ETHICAL CONSIDERATIONS:

Initial permission was obtained from Ibarra to utilize the questionnaire (see Appendix C). Permission was also obtained from the Interim Vice President of Nursing at the test hospital, to administer the questionnaire to the nurses who met outlined criteria (See Appendix D). Additionally, permission was obtained from the University of Minnesota Committee on the Use of Human Subjects (See Appendix E). Nurses in the sample were sent the

questionnaire through the hospital distribution system. A cover letter, explaining the purpose of the study (See Appendix F), consent form (See Appendix G), self addressed stamp envelope and the questionnaire were distributed in this manner. The nurses' participation in answering the questionnaire constituted their consent. It was anticipated the participants would be able to complete the questionnaire in 15-20 minutes and return it in the self addressed stamped envelope provided by the writer. After two weeks from the initial distribution a follow-up telephone message was left by the writer for the individuals who had not returned the questionnaire. After the data have been analyzed and the study complete the writer will return to the hospital where the tool was administered to review the results with the Interim Vice President of Nursing and with the individuals involved in the study.

USE OF RESULTS:

The benefits to participation in this study would be the possibility of demonstrating the need to show specific preparation of first time managers which would facilitate their transition period into management.

ANALYSIS OF DATA:

This is an explorative, descriptive study. The tool to gather data was the questionnaire previously described.

Data gathered from the tool were analyzed utilizing the the descriptive technique of data analysis. The level of measurement was nominal. The frequency of appearance of answers in each of 4 columns: not applicable in their position; completion of task independently; can do, but needs assistance and/or needs instruction; can not do, needs assistance and/or instruction. In analyzing the data, both can do, but needs assistance and can not do were reported together. The purpose of the study was to identify the self-perceived skills and competencies of newly appointed middle managers.

Chapter V. Implications of Study

FINDINGS:

A: Carry Out Independently

Areas self-identified as being able to be "carried out independently" by 100% of first time managers:

Patient Care Management:
1) the planning of care, with the exception of developing a system for evaluating patient care services;
2) provision of care; and
3) teaching, with the exception of evaluation of patient education classes and materials.

Human Resources Development:

   1) selection, with the exception of hiring employees;

   2) teaching/training, with the exception of developing a
      formal orientation plan for nursing instructors and
      students.

Operational Management:

   1) communicating;

   2) evaluating performance; and

   3) meetings/committees.

B: Can Not Do or Can Do But Require Assistance

    In these areas, 28.6% (2) of the respondents
indicated the need for more information and/or experience,
instruction or assistance.

Patient Care Management:

   1) teaching, specifically being able to evaluate patient
      education classes and materials; and

   2) evaluating results, by being able to monitor the
      quality of care provided on all shifts.

Human Resources Development:

   1) maintaining behavior, being able to complete
      disciplinary and grievance procedures and the
      handling of conflicts.

Operational Management:

1) budgeting, included being able to assess the unit
   needs for the upcoming year and writing a budget
   based on goals for operating expenses, supplies and
   staffing;

2) controlling expenses, included monitoring of
   expenditures on the unit and use of equipment and
   supplies;

3) staffing/scheduling, basing scheduling on patient
   care needs and monitoring employee productivity;

4) with providing supplies, the only area cited was to
   develop a system to monitor equipment and supplies
   (use and work condition);

5) coordinating/directing, included use of information
   systems to coordinate/direct nursing care and achieve
   both departmental and organizational goals; and
   finally,

6) planning, indicated by being able to write policies
   and procedures, set unit policies and practice and
   set specific standards and objectives for the unit.

Areas identified by 42.9% (3) of first time nurse managers
in:

Human Resources Development:

1) selecting and maintaining behavior, in the hiring and
   terminating of employees.

Operational Management:

   1) budgeting, included formulating unit goals for each

      fiscal year, supplying data for budget preparation

      and being able to determine priorities for the

      distribution of available monies;

   2) in controlling expenses, identifying the charge or

      cost in the provision of nursing services.

Areas identified by 57.1% (4) of the first time nurse

managers were:

Human Resource Development:

   1) teaching/training, the development of a formal

      orientation plan for nursing instructors and

      students.

Operational Management:

   1) budgeting, the ability to review and analyze monthly

      unit budget reports and take appropriate action; and

   2) in controlling expenses, to develop innovative

      cost-containment strategies.

Areas reported by 71.4% (5) of the first time managers,

Patient Care Management:

   1) problem identification, to develop quality assurance

      studies on patient problems and write research

      proposals;

   2) in planning of care, to develop a system for

evaluating patient care services; and

3) evaluation of results, to establish a system to
evaluate the quality and adequacy of care given on
the unit.

The final area indicated by 85.7% (6 out of 7)
respondents,

Human Resources Development:

1) maintaining behavior, to establish retention
strategies whereby excellence is recognized.

DISCUSSION:

The findings in this study very closely correlate the
findings of Ibarra (1989). In the category of **Patient Care
Management** the area with the greatest number of responses
(71.4%, 5) indicating the need for further education is in
problem identification, planning and evaluating results of
care provided. In the **Human Resource Development** category,
85.7% (6) of the managers identified the following areas
as requiring further instruction: the development of
retention strategies whereby excellence is recognized and
hiring and terminating employees. Additionally, greater
than 42% (3) of the first time nurse managers needed
assistance in developing formal orientation plans. Not
surprising were the findings in **Operational Management**,
with such a need for first time managers to learn unit
operations. At least 28% of all nurse managers indicated a

need for further educational preparation in seven, ten or
suggesting and in 14 out of 20 items pertaining to
controlling expenses, staffing/scheduling and
coordinating/ directing.

CONCLUSIONS AND RECOMMENDATIONS:

Based on the results of this study, the belief has
been borne out that there is a need for more specific
preparation and/or assistance in readying these
first-line, first time managers for this position. As is
well evidenced by the reporting of the first-line, first
time, nurse managers there are some definite areas where
they could benefit from more specific educational
preparation. This is a group whose influence within the
organization is pivotal in maintaining a close
relationship between administration and the staff nurse.
As a first step, ascertaining current first-line managers
perceptions about the usefulness of specific skills can
establish a highly worthwhile baseline of information
locally (Weaver, et al., 1991). With such a database,
nursing administrators can:

1. discover how much their own managers agree upon
their vision of the work.

2. use this information while coaching individual
managers, reconciling this peer group's perspectives, and
improving its general performance.

Facilitating the transition into management will
enhance the organizations effectiveness to operate as a

whole. These first-time managers need the on-going
guidance of their supervisors along with continuing
education to ensure they are able to function in this
role.

SUGGESTIONS FOR FUTURE RESEARCH:

It is very beneficial to have the actual perceptions
of the first time mangers' needs in relation to the skills
and competencies they feel comfortable in performing and
those areas in which they feel they could benefit from
with additional assistance. If these areas are identified
then the first time managers can be better prepared to
function in this role at an earlier point in time.

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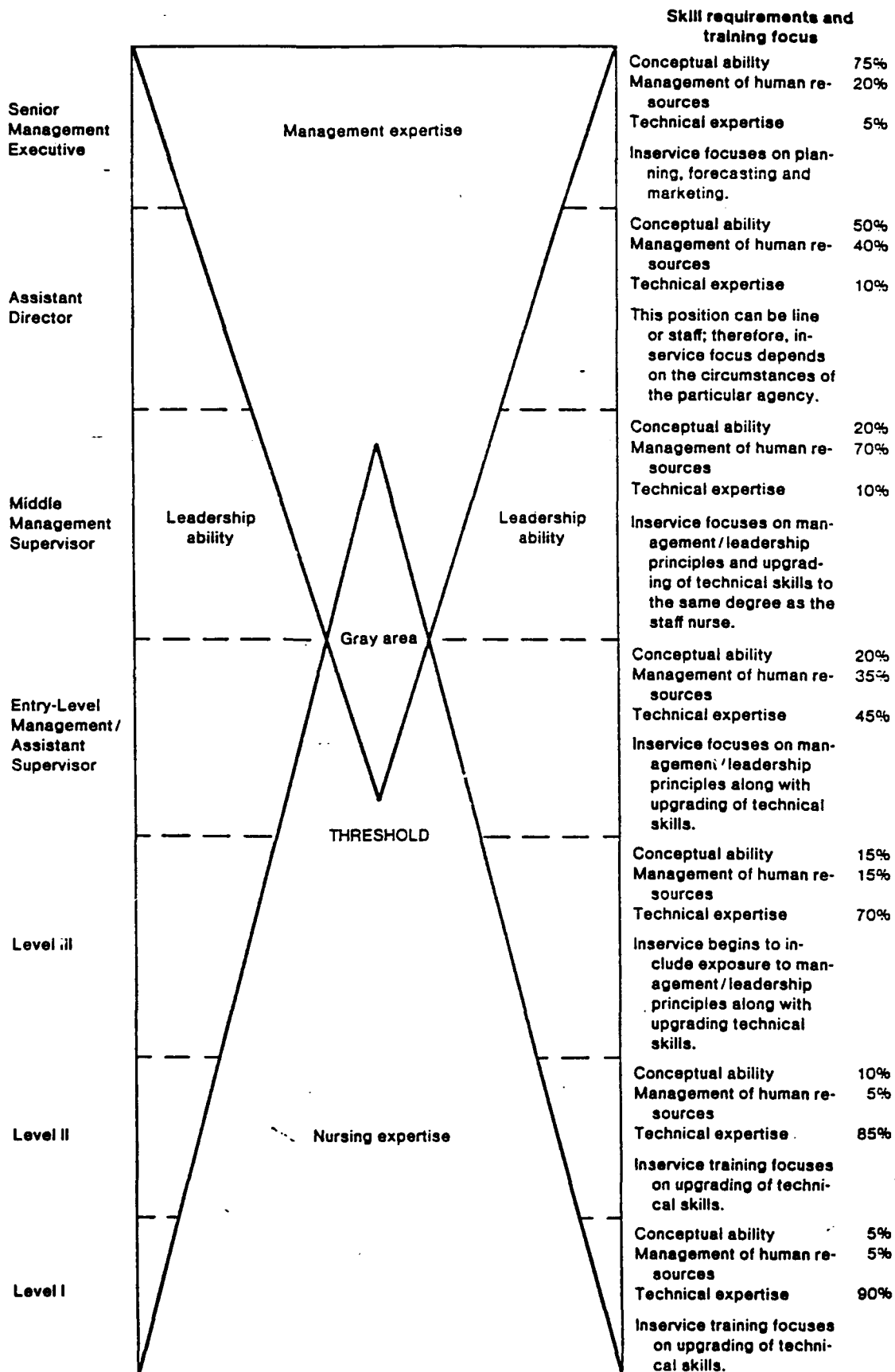   Administration Quarterly, 7 (2), 77-87.

APPENDICES

Figure 1. Management progression for nursing.

SOURCE:

Gleeson, S., Nestor, O.W. & Riddel, A.J. (1983). Helping nurses through the management threshold. Nursing Administration Quarterly, 7(2), 11-16.

"Head Nurse as Manager" Questionnaire

Instructions:
This section contains a list of activities that describe possible
responsibilities of nurse managers. Using the scale of 1-4 listed below,
indicate on the line before each statement the number that best indicates
your education needs for the stated responsibility. Responses should
indicate the knowledge you have to perform the responsibility.

Key

```
1 = not required in my position; not needed
2 = can do independently
3 = can do but would like more information and/or experience
4 = cannot do; need instruction and/or assistance
```

PATIENT CARE MANAGEMENT

A. Problem identification
_____1. Identify patient care problems for study.
_____2. Develop quality assurance studies on patient problems.
_____3. Write research proposals.
_____4. Document recommendations for policy and procedure changes.
_____5. Identify hospital hazards to patients' safety.

B. Planning of care
_____1. Identify standards of care for the unit.
_____2. Write procedures.
_____3. Develop a system for evaluating patient care services.
_____4. Make recommendations to immediate supervisor for obtaining
resources needed to provide patient care.
5. Organize the work of the unit.
_____   a. Patient care
_____   b. Environmental
_____6. Conduct patient care conferences.

C. Providing of care
_____1. Assist with implementation of standards of care.
_____2. Assist staff in developing patient care plans.
_____3. Provide direct patient care.
_____4. Apply research findings.
_____5. Maintain a positive environment in the unit.
_____6. Establish a climate of courteous public relations.

D. Teaching
_____1. Document recommendations for patient education materials and
classes to be used on the unit.
_____2. Evaluate patient and family teaching including discharge
planning.
_____3. Evaluate patient education classes and materials.

E. Evaluating results
_____1. Establish system to evaluate the quality and adequacy of care
given on the unit.
_____2. Monitor quality of care on all shifts.
_____3. Audit care plans.

Key

```
1 = not required in my position; not needed
2 = can do independently
3 = can do but would like more information and/or experience
4 = cannot do; need instruction and/or assistance
```

HUMAN RESOURCES DEVELOPMENT

A. Selecting
_____1. Inform Human Resource Department of Nursing Employment of staff vacancies.
_____2. Screen files of applicants.
_____3. Conduct interviews with applicants.
_____4. Provide prospective employee with a job description and standards for behavior.
_____5. Provide positive yet realistic appraisal of work situations to prospective employee.
_____6. Evaluate the qualifications of prospective applicants.
_____7. Hire employees.

B. Teaching/training
_____1. Review employees' orientation progress periodically.
_____2. Participate in orientation of new staff.
_____3. Identify learning needs of staff.
_____4. Provide inservice education to meet ongoing needs of staff.
_____5. Assists staff to identify learning needs and develop goals.
_____6. Provide unit specific simulated emergency practice situations for staff.
_____7. Motivate staff to attend inservices.
_____8. Develop a formal orientation plan for nursing instructors and students.
_____9. Assist staff in developing educational information for presentation.
_____10. Interpret to staff job expectations and lines of authority.
_____11. Serve as resource for staff on own unit.
_____12. Serve as resource for other units and departments.
_____13. Assist staff in identifying individual areas of expertness.
_____14. Facilitate nurses serving as resource to one another.

C. Maintaining
_____1. Recognize at risk employees.
_____2. Describe performance discrepancies and identify expectations.
_____3. Establish plan of follow-up of performance discrepancies.
_____4. Offer opportunities for individual professional growth and recognition.
_____5. Establish retention strategies whereby excellence is recognized.
_____6. Initiate change on the unit.
_____7. Involve staff in identifying need for change.
_____8. Involve staff in planning for and implementing change.
_____9. Involve staff in unit goal identification.
_____10. Involve staff in determining methods to meet goals.
_____11. Involve staff in unit problem solving.
_____12. Assist staff with identification of professional goals.
_____13. Evaluate and counsel staff.

Key

_____14. Document counselling.
_____15. Complete disciplinary and grievance procedures.
_____16. Handle conflicts and grievances.
_____17. Terminate employees.

)PERATIONAL MANAGEMENT

\. Budgeting
_____1. Assess needs of unit for upcoming year.
_____2. Formulate unit goals for each fiscal year.
_____3. Write budget based on goals.
_____   a. For operating expenses.
_____   b. For supplies.
_____   c. For staffing.
_____4. Supply data for budget preparation.
_____5. Determine priorities for the money available.
_____6. Review and analyze monthly unit budget report and take appropriate action.

B. Controlling expenses
_____1. Monitor expenditure on the unit.
_____2. Monitor use of equipment and supplies.
_____3. Make requests for equipment purchase based on documented needs of patient population.
_____4. Identify areas of nursing care for which charges may be made.
_____5. Identify the charge or cost of the nursing service.
_____6. Develop innovative cost-containment strategies.
_____7. Eliminate waste.

C. Staffing/scheduling
_____1. Base scheduling on patient care needs.
_____2. Forecast needs for scheduling revisions based on trends.
_____3. Arrange staffing as necessary.
_____4. Anticipate and develop alternate plans in advance to provide for coverage.
_____5. Monitor employee productivity.
_____6. Develop staffing patterns and assignment schedules.
_____7. Provide work schedules on a regular and timely basis.

D. Providing supplies
_____1. Develop system to monitor equipment and supplies (use and working condition.
_____2. Assist with and assure repairs of equipment.
_____3. Assure purchases of needed equipment.

Key

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1 = not required in my position; not needed
2 = can do independently
3 = can do but would like more information and/or experience
4 = cannot do; need instruction and/or assistance
```

E. Communicating

_____1. Provide for informal communication with staff.
_____2. Provide for formal communication with staff.
_____3. Use conflict resolution skills.
_____4. Solicit feedback for mutual problem solving.
_____5. Collaborate with other supervisory personnel to insure quality patient care.
_____6. Choose appropriate method to communicate with immediate supervisory.
_____7. Recognize potentials for conflict.
_____8. Share information with staff regarding policy and procedure changes.
_____9. Assist staff in understanding why specific policies and procedures are followed.
_____10. Provide feedback from staff to nursing administration.
_____11. Promote effective communication between staff on all tours of duty.
_____12. Oversee accuracy and adequacy of unit records and reports.
_____13. Collaborate effectively with:
_____   a. Physicians
_____   b. Peers
_____   c. Staff Nurses
_____   d. Other department personnel

F. Coordinating/Directing

_____1. Use information systems to coordinate/direct nursing care.
_____2. Achieve both departmental and organizational goals.
_____3. Be aware of overall goals of the hospital.
_____4. Interpret and facilitate the application and implementation of the nursing department's mission, philosophy, objectives, and standards.
_____5. Receive and interpret administrative directives.
_____6. Coordinate/direct nursing care with other professionals and departments.

G. Planning

_____1. Write policies and procedures.
_____2. Set unit policies and unit practice.
_____3. Independently problem solve.
_____4. Work with other departments as necessary in problem solving.
_____5. Set specific standards and objectives for the unit.
_____6. Delegate management responsibility when necessary.
_____7. Keep up with issues in nursing and health care.

Key

H. Evaluating performance
  _____1. Use the departmental behavioral criteria when evaluating staff nurses.
  _____2. Discuss evaluations with staff.
  _____3. Write objectives for performance that are behavioral, realistic and measurable with each staff nurse.
  _____4. Review with staff how to write behavioral, realistic, and measurable performance objectives.
  _____5. Discuss with staff strategies for achieving performance objectives.

I. Meetings/Committees
  _____1. Conduct staff meetings.
  _____2. Develop and involve staff in developing agenda.
  _____3. Provide agenda for staff meetings.
  _____4. Solicit staff responses, input, and participation at staff meetings.
  _____5. Involve staff in discussion of problems and solutions at staff meetings.
  _____6. Provide staff with minutes of staff meetings.
  _____7. Select and send representatives to committees.
  _____8. Participate on committees.
  _____9. Participate in events of the organization (other than committees) that affect one's role as manager.

The University of Iowa

Iowa City, Iowa 52242

The University of Iowa Hospitals and Clinics
Department of Nursing

319/356-2267

1847

Candy J. Nistler
416 Burr Street
Paynesville, MN   56362

Dear Ms. Nistler,

Enclosed is a copy of my questionnaire "Head Nurse as Manager". You have my permission to use the questionnaire should you choose to do so. Thank you for offering to share a copy of the completed study. I would like to take you up on that offer and wait with interest for a copy of the study.

Sincerely,

Vicki Ibarra
Clinical Nursing Specialist I
Gynecology
University of Iowa Hospitals and
          Clinics
Iowa City, Iowa   52242

SAINT CLOUD HOSPITAL
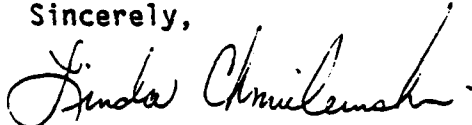
A REGIONAL MEDICAL CENTER

1406 SIXTH AVENUE NORTH
ST. CLOUD, MINNESOTA 56303
(612) 251-2700

January 23, 1992

Mary Jo Kreitzer, Ph.D.
Assistant Professor
University of Minnesota
School of Nursing
Minneaplis, MN

I have reviewed Candy Nistler's proposal for administering a research survey at Saint Cloud Hospital. This proposal will not include any patient contact or records review. Saint Cloud Hospital is very pleased to assist Candy in her completion of the survey.

Sincerely,

Linda Chmielewski
Interim Vice President
Nursing and Patient Care Services

LC/bla

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UNIVERSITY OF MINNESOTA

Committee on the Use of
Human Subjects in Research

Office of Research and
Technology Transfer

Suite 201
1100 Washington Avenue South
Minneapolis, MN 55415-1226

612-624-9829
Fax: 612-624-4843

March 25, 1992

Candy J. Nistler
416 Burr Street
Paynesville MN 56362

RE: "What Are the Skills and Competencies of First-Line Nurse Managers?"

HUMAN SUBJECT CODE NUMBER: 9203E5090

Dear Candy J. Nistler:

The University of Minnesota Committee on the Use of Human Subjects
in Research has determined that the referenced study is exempt from
review under federal guidelines 45 CFR Part 46.101(b) category
#2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS;
OBSERVATION OF PUBLIC BEHAVIOR.

The above code number is assigned to your research. That number,
along with the title of your study, must be used in all communication
with the Committee office.

Upon receipt of this letter, you may begin your research. If you have
questions, please call me at (612)624-9829.

The Committee wishes you every success with this research.

Sincerely,

Ellen Stewart
Executive Assistant

EHS/cdl

ADVISOR CC: Ellen T Fahy

Candy J. Nistler, BSN, RN   7 April 1992
416 Burr Street
Paynesville, MN 56362
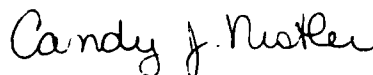

Dear Assistant Nurse Manager,

I am a graduate student in Nursing Administration at the University
of Minnesota, School of Nursing. I have been working on various
projects at St. Cloud Hospital since last Fall. In partial
fulfillment of the graduate degree requirements I am interested in
completing a survey entitled "The Skills and Competencies Required
of First-Time Nurse Managers".

You have been identified by Linda Chmielewski, Interim Vice
President of Nursing, as being eligible to participate in a survey.
This survey is to determine the self-perceived skills and
competencies required of an individual in your position. The purpose
of this survey is to ascertain the areas where you feel it is
important for you to have a better understanding, in order to fully
function as an assistant nurse manager. This information will be
made available to you and the nurse managers to hopefully guide your
education needs.

The questionnaire takes approximately 15 minutes to complete. Your
participation in this study is voluntary. You can be assured of
complete confidentiality and anonymity. The questionnaire has an
identification number for record keeping purposes and follow-up
only. Your name will never be placed on the questionnaire or
associated with your answers at any time.

Thank you for your participation and assistance. Please complete the
enclosed questionnaire and return in the self-addressed stamped
envelope as soon as possible.

Respectfully,

Candy J. Nistler

Candy J. Nistler

CONSENT FORM

THE SKILLS AND COMPETENCIES REQUIRED
OF FIRST-TIME NURSE MANAGERS

You are invited to participate in a study to identify the self perceived skills and competencies of first-line managers. We ask that you read this form and ask any questions you may have before agreeing to be in this study.

This study is being conducted by: Candy J. Nistler, a Graduate Student at the University of Minnesota, School of Nursing. Approval has been granted for the conduct of the study by the Committee on the Use of Human Subjects in Research, University of Minnesota.

Background Information:

The purpose of this study is: to identify the self-perceived skills and competencies of new first-line managers.

Procedures:

If you agree to be in this study, we would ask for your time to complete the questionnaire. The approximate time to complete the questionnaire is 15 minutes.

Risks and Benefits of Being in the Study:

There are no risks to participating in this study. The benefits to participating in this study would be the likelihood of showing the areas first-line managers need assistance in to perform their duties facilitating their transition into management.

Confidentiality:

The records of this study will be kept confidential. In any sort of report which might published will not include any information that will make it possible to identify a subject. Records will be kept in a locked file; only the investigator will have access to the records.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or St. Cloud Hospital. If you should decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Candy J. Nistler, BSN, RN. If you have any questions you may contact me at 612-243-3759 or my advisor Professor Ellen T. Fahy at 612-626-1133.

You may keep a copy of this form for your records.

Statement of Consent:

I have read the above information. I consent to participate in this study.